

ISSUE DATE AND AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	W. G.		10/1/99
O.I.P.E. CLASSIFIER		8	10-6-99
FORMALITY REVIEW	59573		10-15-99

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 " ..... Allowed      I ..... Interference  
 (Through numeral).... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

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If more than 150 claims or 10 actions  
staple additional sheet here

Best Available Copy